



05-17-06

One North Pennsylvania Street, Suite 850  
 Indianapolis, Indiana 46204  
 Phone 317-822-0033; Fax 317-822-0055

## PATENT APPLICATION

Art Unit: 3743  
 Examiner: Ali, Shumaya B  
 Atty. Docket: 7432-0046  
 Applicants: Moenning and Irlbeck  
 Invention: DENTAL ANESTHESIA ADMINISTRATION  
 MASK AND EYE SHIELD  
 Serial No.: 10/647,991  
 Filed: 26 August 2003

CUSTOMER NUMBER: 000031425

**Box Fee Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313**

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	35	34*	1	Rate x \$25	\$ 0.00	Rate x \$50	\$50 .00
INDEP. CLAIMS	6	5**	0	Rate x \$100	\$0.00	Rate x \$200	\$ 200.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$250.00	

\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for 1 month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).

The required fee for filing this extension is:

\$ 120.00

TOTAL FEE FOR THIS AMENDMENT

\$ 370.00

A check in the amount of \$370.00 to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiana's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

  
 Attorney of Record  
 Printed Name: E. Victor Indiana  
 Registration No.: 30,143